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"(B) TREATMENT OF GENETIC INFORMATION.—
               Genetic
               information shall not be treated as a condition
               described
               in subsection (a)(l) in the absence of a
               diagnosis of the
               condition related to such information.
               "(2)
                      ENROLLMENT_
                                       DATE.—The
               enrollment
                               date
               means, with respect to an individual covered
               under a group
               health plan or health insurance coverage, the date
               of enrollment of the individual in the plan or coverage or, if
               earlier. the
       first day of the waiting period for such enrollment "(3) LATE ENROLLEE —The term late enrolled means, with
respect to coverage under a group health plan, a participant
 or beneficiary who enrolls under the plan other than during-
           "(A) the first period in which the individual is eligible to enroll under the plan. or
                   "(B)
                                        enrollment
                                                       neriod
                             special
                                                                 under
                         ล
               subsection (f) (4) WAITING PERIOD.—The term Vaiting period
               means
               with respect to a group health plan and an
               individual
               is a potential participant or beneficiary in the
               plan.
                                         the
                                                                period
               that must pass with respect to the individual
               before
                                         the
                                                               individ-
               ual is eligible to be covered for benefits under
               the
                                         terms
                                                                     იf
               the
                                                                  plan.
               i(c)
                      RULES.
                               RELATING
                                           TO CREDITING
                                                             PREVIOUS
               COVERAGE —
"11) CREDITABLE COVERAGE DEFINED.—For purposes
                title the term creditable coverage means, with
                respect to an
                individual, coverage of the individual under any of
                the followina:
                "(A) A group health plan.
                "(B) Health iূnsurance coveraαe.
                       "(C) Part A or part B of title XVIII of the
                   Security Act.
(D) Title XK of the Social Security Act,
                    other than
                    coverage consisting solely of benefits under
                    section 1928.
                    (E) Chapter 55 of title 10, United States Code. (F) A medical care program of the Indian
                    Health
                    Service or of a tribal organization.
                    (G) A State health benefits risk pool.
                   "(H) A health plan o chapter 89 of title 5, United States Code.
                                                offered
                                                          under
                    "(I) A public health plan (as defined in
                    regulations).
                    (I) A health benefit plan under section 5(e)
                    of the
                    Peace Corps Act (22 U.S.C. 2504(e)).
                Such term does not include coverage consisting
                solely of cov-
                erage of excepted benefits (as defined in section
                2791(c<mark>)).</mark>
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(2) NOT COUNTING PERIODS BEFORE SIGNIFICANT BREAKS IN COVERAGE.

"(A) IN GENERAL—A period of creditable coverage shall not be counted, with respect to enrollment of an individual under a group health plan, if, after such period and before the enrollment date, there was a 63-day period during all of which the individual was not covered under any creditable coverage.

"(B) WAITING PERIOD NOT TREATED AS A BREAK IN COVERAGE—For purposes of subparagraph (A) and subsection (d)(4). any period that an individual is in a waiting period for any coverage under a group health plan (or for group health insurance coverage) or is in an affiliation period (as defined in subsection (g)(2)) shall not be taken into